

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/510403	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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19					
20					
21					
22					
23					
24					
25					
26					
27	1				
28	1				
29					
30					
31					
32					
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37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47	1				
48					
49	1				
50					
TOTAL IND.		6			
TOTAL DEP.		44			
TOTAL CLAIMS		50			

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
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57					
58					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS